

Case Number:	CM15-0198905		
Date Assigned:	10/14/2015	Date of Injury:	09/13/1999
Decision Date:	11/20/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained an industrial injury on 9-13-1999. The medical records indicate that the injured worker is undergoing treatment for neuroforaminal stenosis and moderate severe nature C5-6 and C6-7. According to the progress report dated 8-14-2015, the injured worker presented with complaints of worsening neck pain with radiation down the left arm, associated numbness and tingling. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the cervical spine reveals positive Spurling's sign. He has diminished sensation in the left index and middle finger into the lateral forearm. The current medications are Tylenol #3, Fiorinal #3, Flexeril, Celebrex (since at least 2014), and Valium. Previous diagnostic studies include MRI scan. Treatments to date include medication management and left C7-T1 interlaminar epidural steroid injection (10-2-2014). Work status is not indicated. The original utilization review (9-21-2015) had non-certified a request for Celecoxib.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celecoxib 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Celecoxib is not medically necessary.